

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735988

FILED
Apr 18, 2009
Secretary of State

Entity Name: WOODLAND LAKES HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5345 WOODLAND LAKES DRIVE
PALM BEACH GARDENS, FL 334183937

New Principal Place of Business:

Current Mailing Address:

5345 WOODLAND LAKES DRIVE
PALM BEACH GARDENS, FL 334183937

New Mailing Address:

FEI Number: 59-2072774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOGAN, MARY
5345 WOODLAND LAKES DR
33418EBACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CERAVOLO, PATTI
Address: 5200 WOODLAND LAKES DR
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP () Delete
Name: GRANEY, JOHN E
Address: 5380 WOODLAND LAKES DR
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S () Delete
Name: KASPERIAN, NANCY
Address: 5350 WOODLAND LAKES DR
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: T () Delete
Name: WILEY, WALTER
Address: 5245 WOODLAND LAKES DR
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: RIVERA, CATHERINE
Address: 5390 WOODLAND LAKES DR
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: KINER, BARBARA
Address: 5120 WOODLAND LAKES DR
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KULUBIS, ANTOINETTE
Address: 5350 WOODLAND LAKES DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
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City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK GRANEY

VP

04/18/2009

Electronic Signature of Signing Officer or Director

Date